n of Organization Exempt from come Tax

OMB No. 1545-0047

Department of the Treasury

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

This Form is Open

ITILE	maire	evenue Service	Hote. III	e organization may have to use	a copy or uns return t	o sausiy s	state reporting	requireme	ents. To Fu	mic mspection
Α	For	the 1999 calen	dar year, (Or tax year period beginning	Jul 1	, 1999, a	ınd ending J			2000
В	Che	ck if:	Please use	C Name of organization				D Employe	er Identificatio	n Number
		Change of address	IRS label or print	WOMENS CIVIC IMPROV					179480	
	'	Initial return	or type.	Number & street (or P.O. box if ma	il is not delivered to street ad	dr) Room/s	suite	E Telepho	ne number	0374
	F	Final return	specific instruc-	3555 3RD AVENUE				(916	3) 457-8	3661
		Amended return (required also for	tions.	City, Town or Country	St	ate ZIP + 4	•	F Check	► if	exemption
	Ś	state reporting)	<u></u>	SACRAMENTO		A 958			ation is pen	
G	Туре	e of organizatio	n 🏲 🔀 E	xempt under section 501(c)	3 ◄ (insert numbe	er) or 🟲 🛚	section 4947	'(a)(1) nor	nexempt ch	aritable trust
	Note	e: Section 501 Schedule A	(c)(3) exei (Form 99t	mpt organizations and 4947(a) 0).	(1) nonexempt charita	ble trusts	Must attach a	complete	d	
Н	(a)	s this a group r	eturn filed	d for affiliates?	Yes	No	If either box in	H is checked	l 'Yes,' enter fo	our-digit group
							exemption num	ber (GEN) 🕨	-	
				iliates for which this return is filed			Accounting r	nethod:	Cash	X Accrual
				an organization covered by a group ru				pecify)		
K	Chec	ck here 🟲 📗	if the or	ganization's gross receipts are	normally not more that	ın \$25,000). The organiza	ition need	not file a re	eturn with the
				990 package in the mail, it sho						
No	te: Fo	orm 990-EZ ma	y be used	l by organizations with gross re	ceipts less than \$100,0	000 and to	otal assets less	than \$25	0,000 at en	d of year.
i.C		Revenue	<u>, Expen</u>	ises, and Changes in Ne	t Assets or Fund	Balance	S (see instruc	tions)		
	1			ints, and similar amounts recei						
	1						235,	552.		
	l t	Indirect public	support			. 1b				
	C	Government of	contributio	ns (grants)		. 1c				
	d			ough 1c) (attach schedule of co						
		(cash \$		38,550. noncash \$	<u>197,002.</u>)		L1d.Stmt		1 d	235,552.
	2			ue including government fees a					2	521,442.
	3			assessments					3	16,678.
	4	5 Dividends and interest from securities						4	144.	
	5							5		
	6a	Gross rents				. 6a	25,	176.		
	b	Less: rental e	xpenses .			. 6b	5,	985.		
	C			oss) (subtract line 6b from line (e	6 c	19,191.
	7	Other investm	ent incom	ne (describe) 7	7	
	8a	Gross amount	from sale	e of assets other	(A) Securities	_	(B) Other			
R E V					**	8a	·			
Ÿ				s and sales expenses		8b				
Ř N U				e)		8c				
Ē	_			bine line 8c, columns (A) and (B))		• • • • • • • • • • • • • • • • • • • •	<u> </u>	3d	0
	9			vities (attach schedule)						
	а	Gross revenue	-			1 1				
				d on line 1a)			73,			
				ther than fundraising expenses				414.		
				m special events (subtract line			ee L. . 9 S.t.	mt <u>9</u>)c	12,662.
				, less returns and allowances						
				1						
				es of inventory (attach schedule) (subtr						
	11			rt VII, line 103)						
	12			s 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1						<u>805,669.</u>
Ê	13			line 44, column (B))				<u> </u>		473,319.
EXPENSES	14			al (from line 44, column (C)) .						101,838.
Ň	15			4, column (D))					5	23,849.
E	16	Payments to a	ıπılıates (a	attach schedule)	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	<u>16</u>		
3	17	I otal expense	s (add lin	es 16 and 44, column (A))	• • • • • • • • • • • • • • • • • • • •	<u></u>	• • • • • • • • • • • • • • • • • • • •	17		599,006.
Ą	18			ne year (subtract line 17 from lin						206,663.
E S	19			nces at beginning of year (from						625,660.
ASSETS	20			sets or fund balances (attach e						
5	21	Net assets or t	fund balar	nces at end of year (combine lin	nes 18, 19, and 20)			21	.	832,323.

Partill Statement of Function Expenses All organizations must complete color (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

,	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program . services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)	533333333	**		assisting the same	
	(cash \$					
	non-cash \$)	22			Avade, 43	142 S. 162
23	Specific assistance to individuals (attach sch)	23			30.00000000000000000000000000000000000	Section 1
24	Benefits paid to or for members (attach sch)	24			Strain B	Reference of
25	Compensation of officers, directors, etc	25	54,000.	48,600.	5,400.	0.
26	Other salaries and wages	26	233,833.	229,446.	4,387.	
27	Pension plan contributions	27	0.	0.	0.	
28	Other employee benefits	28				<u> </u>
29	Payroll taxes	29	24,470.	23,638.	832.	0.
30	Professional fundraising fees	30	39,362.	36,232.	3,130.	
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	13,777.	10,291.	3,486.	0.
34	Telephone	34				<u>~</u>
35	Postage and shipping	35				
36	Occupancy	36	64,054.	45,054.	19,000.	0.
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39	12,772.	10,716.	2,056.	0.
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	10,912.	10,912.	0.	0.
	Other expenses (itemize): a	43 a				
	REPAIRS & MAINT	43b	22,856.	2,777.	20,079.	0.
	INSURANCE	43 c	4,537.	1,854.	2,683.	0.
	NUTRITION & FOOD	43 d	40,473.	40,473.	0.	0.
	See Other Expenses Stmt	43e	77,960.	13,326.	40,785.	23,849.
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	599,006.	473,319.	101,838.	23,849.
educ	orting of Joint Costs — Did you report in coational campaign and fundraising solicitations,' enter (i) the aggregate amount of these ; (iii) the amount allowed andraising \$	on? joint (costs \$; (ii) the an	nount allocated to prog ; and (iv) th	ram services
FOR	Statement of Program Serv	ice A	ccomplishments			
All or client ization	is the organization's primary exempt purpor ganizations must describe their exempt puts s served, publications issued, etc. Discuss ons & section 4947(a)(1) nonexempt charita	rpose achie ble tri	achievements in a clear average that are not measured must also enter the a	ICOME AND DISADVA and concise manner, Sta asurable, (Section 501(c amount of grants & alloc	ate the number of)(3) & (4) organ- ations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
а	CHILD DEVELOPMENT - HEAD S TO DOZENS OF CHILDREN FROM FAMILIES IN SACRAMENTO, CA	LOI	T - PROVIDE EARL N INCOME AND/OR	Y CHILDHOOD EDU DISADVANTAGED	JCATION	
			(Grants and	allocations \$	0.)	459,262.
b	SENIOR & LOW INCOME NUTRIT TO SEVERAL HUNDRED SENIOR PROVIDED EVERY WEEKDAY IN	AND	LOW INCOME PERS	SANDS OF LOW CO ONS. MEALS ARE	ST MEALS	
		:	(Grants and a	allocations \$	0.)	14,057.
С						14,037.
al.			(Grants and a	allocations \$	<u> </u>	
d		· - - ·				
		. – – .	Grants and a	allocations \$		
е	Other program services		(Grants and a	allocations \$		
f	Total of Program Service Expenses (shou	id equ	al line 44, column (B), pr	rogram services)		473,319.
BAA			TEEA0102 12/1			Form 990 (1999)

Parally Balance Sheets (See instructions)

lote: Where column	required, attached schedules and amounts within a should be for end-of-year amounts only.	the description	(A) Beginning of year		(B) End of year
45 Cas	sh non-interest-bearing		23,004.	45	29,852
46 Sav	vings and temporary cash investments			46	
	counts receivabless: allowance for doubtful accounts	47a 5,853.	677.	47 c	5,853
	edges receivable			-7,0	3,033
b Les	ss: allowance for doubtful accounts	48b		48 c	
49 Gra	ants receivable		37,396.	49	54,439
	ceivables from officers, directors, trustees, and ke tach schedule)	y employees		50	
51 a Oth	ner notes & loans receivable (attach schedule)	51 a			
b Les	ss: allowance for doubtful accounts			51 c	
	entories for sale or use			52	
	epaid expenses and deferred charges	h		53	
	estments - securities (attach schedule)			54	·
	estments – land, buildings, & equipment: basis .				
	ss: accumulated depreciation tach schedule)	55 b		55 c	
56 Inv	restments - other (attach schedule)			56	
ì	nd, buildings, and equipment: basis	57a 1,155,675.			
b Les (at	ss: accumulated depreciation tach schedule)L5.7S tmt	57b 31,595.	1,131,768.	57 c	1,124,080
58 Oth	ner assets (describe 🟲)		58	
59 Tot	tal assets (add lines 45 through 58) (must equal li	ne 74)	1,192,845.	59	1,214,224
60 Acc	counts payable and accrued expenses		216,140.	60	81,901
61 Gra	ants payable			61	
62 Def	ferred revenue			62	
62 Det	ans from officers, directors, trustees, and key emp	loyees (attach schedule)		63	·
64a Tax	x-exempt bond liabilities (attach schedule)			64a	
i biMo	rtgages and other notes payable (attach schedule)		258,253.	64 b	300,000
	ner liabilities (describe > JUDGEMENTS & L		92,792.	65	0
1	tal liabilities (add lines 60 through 65)		567,185.	66	381,901
	ions that follow SFAS 117, check here > X ar	nd complete lines 67			
throu	igh 69 and lines 73 and 74.				
. 167 linre	stricted	7	621,423.	67	826,389
68 Temp	porarily restricted		4,237.	68	5,934
69 Perm	nanently restricted			69	
Organizati	ions that do not follow SFAS 117, check here Forough 74.	and complete lines			
	tal stock, trust principal, or current funds			70	
I/I Faiu-	-in or capital surplus, or land, building, and equipn			71	
72 Retai	ined earnings, endowment, accumulated income,	ľ		72	
72 Retai	I net assets or fund balances (add lines 67 throug column (A) must equal line 19 and column (B) mus	h 69 or lines 70 through	625,660.	73	832,323
74 Total	l liabilities and net assets/fund balances (add line	•	1,192,845.	74	1,214,224

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part List of Officers, Directors,	Trustees, and Key Employees (List each one even if not compensated; see instructions.)						
(A) Name and address	(B) Title and average hours per week devoted to position		(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances		
DR. NATE WHITE							
3555 3RD AVE, SAC, CA	PRESIDENT	2	0.	0.	0.		
BRENDA_USHER							
3555 3RD AVE, SAC, CA	1ST VP	1	0.	0.	0.		
DARRELL WHITE							
3555 3RD AVE, SAC, CA	2ND VP	1	0.	0.	0.		
SARAH E. RICHEY							
3555 3RD AVE, SAC, CA	TREAS/SEC	1	0.	0.	0.		
DORA DANIELS							
3555 3RD AVE, SAC, CA	COR SEC	1	0.	0.	0.		
LOUIS NICHOLS							
3555 3RD AVE, SAC, CA	SEN REP	1	0.	0.	0.		
ROBIN SMITH							
3555 3RD AVE, SAC, CA	PPC REP	1	0.	0.	0.		
TONGELA BREMMIUM							
3555 3RD AVE, SAC, CA	YOUTH DIR	1	0.	0.	0.		
EDENAUSEGBOYE DAVIS							
3555 3RD AVE, SAC, CA	EXECUTIVE DIR	40	54,000.	11,975.	0.		
See List of Officers, Etc. Statement			0.	0.	0.		

75	Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000
	from your organization and all related organizations, of which more than \$10,000 was provided by the
	related organizations?

0.0490.0835

..... ► 🔲 Yes

X No

If 'Yes,' attach schedule - see instructions.

· 	TOO (1000) HOMENS STATE PROVEMENT SLUB THE		
	m 990 (1999) WOMENS CIVIC ROVEMENT CLUB, INC. 94-11794 Other Information (See specific instructions.)	180	Page !
a in Manue			Yes No
/6	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?		$\frac{1}{x}$
	If 'Yes,' attach a conformed copy of the changes.		
	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	<u>78b</u>	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79	X
00		··· /3	
ου	a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a	Х
i	b If 'Yes,' enter the name of the organization		
	and check whether it is exempt or nonexemp	-	100
		0.	
l	Did the organization file Form 1120-POL for this year?	<u>81 b</u>	X
82	a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)		教表
	a Did the organization comply with the public inspection requirements for returns and exemption applications?		
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X
84	a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
1	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		NT / A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A N/A
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
•	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a	650	N/A
	waiver for proxy tax owed for the prior year.		
•	Dues, assessments, and similar amounts from members		
	Section 162(e) lobbying and political expenditures		
	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices		
	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	Does the organization elect to pay the Section 6033(e) tax on the amount in 85f?	85g	N/A
	If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on		
	line 12	_	
	Gross receipts, included on line 12, for public use of club facilities	_	
	501(c)(12) organizations. Enter: a Gross income from members or shareholders	_	
١	against amounts due or received from them.) N/A		400
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	×
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:		
		<u> </u>	
	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89 b	X
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958		0.
	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	List the states with which a copy of this return is filed CALIFORNIA		
	Number of employees employed in the pay period that includes March 12, 1999 (see instructions)	90 ы	17
91	The books are in care of ► BOOKKEEPER Telephone number ► (916) 457	<u>-8661</u> .	
92	Located at ► 3555 3RD AVENUE, SACRAMENTO CA ZIP + 4 ► 958 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here	1/	· <u>-</u> -
72	and enter the amount of tax-exempt interest received or accrued during the tax year	•••••	– 📋
	JE		

TEEA0105 12/20/99

Form **990** (1999)

BAA

nter aros			d business income		ction 512, 513, or 514	(E)
herwise	ss amounts unless indicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
	ogram service revenue:					
. a b						
c						
d						
e						
	edicare/Medicaid payments					
	es & contracts from government agencies embership dues and assessments			 		521,442
	erest on savings & temporary cash invmnts			14	144.	16,678
	vidends & interest from securities			-ii	4 77.	
	rental income or (loss) from real estate:	41.5 th	All the second second	Tr. Japanes		
	bt-financed property			1.0		
	t debt-financed property		<u> </u>	16	19,191.	·
	her investment income					
	nin or (loss) from sales of assets					
oth	ner than inventory					
	income or (loss) from special events			01	12,662.	
	ss profit or (loss) from sales of inventory					
103 Oii b						F-12
c						
d						
e						
04 Sub	total (add columns (B), (D), and (E))			380 PT-432	31,997.	538,120
105 101	tal (add line 104, columns (B), (D), a e 105 plus line 1d, Part I, should equ	and (E))	an line 10 Flort I	• • • • • • • • • • • • • • • • • • • •		570,117
	e ros pius illie ru, r art i, snoulu eqt	iai uic aiiibuiii				
irt VIII	Relationship of Activities t Explain how each activity for which of the organization's exempt purports.	o the Accor	nplishment of Ex	f Part VII contribut	ted importantly to the a	occomplishment
rt VIII ne No. ▼ 93g 93g	Explain how each activity for which of the organization's exempt purpose the organization's exempt purpose the organization's exempt purpose the organization's exempt of the organization's exempt of the organization of the organization's exempt purpose the organization of the organization	o the Accor in income is reposes (other than EAD START FROM LOW UTRITION R AND LOW E AND MAT	nplishment of Exorted in column (E) of by providing funds for PROVIDES EXISTED PROVIDES THE INCOME PERSOIL PROVIDES THE INCOME PERSOIL PROVIDES FOR ME	f Part VII contribut or such purposes). ARLY CHILDHO R DISADVANTA DUSANDS OF INS EVERY WEE	ted importantly to the a DOD EDUCATION AGED FAMILIES. LOW COST MEALS EKDAY.	ТО
93g	Explain how each activity for which of the organization's exempt purpose the organization's exempt purpose the organization's exempt purpose to the organization's exempt purpose to the organization's exempt of the organization of the organization's exempt of the organization's exempt purpose the organization of the organization's exempt of the organization of the org	o the Accor in income is replaced (other than EAD START FROM LOW UTRITION R AND LOW E AND MATI LOW INCOME	nplishment of Exorted in column (E) on by providing funds for PROVIDES EXINCOME AND/OIL-PROVIDES THE INCOME PERSOIL-PROVIDES THE PEOPLE.	f Part VII contribut or such purposes). ARLY CHILDHO R DISADVANTA OUSANDS OF I NS EVERY WEE ETINGS RELAT	ted importantly to the a DOD EDUCATION AGED FAMILIES. OW COST MEALS EKDAY. TED TO ACTIVIT	TO IES
93g	Explain how each activity for which of the organization's exempt purpose the organization's exempt purpose the organization's exempt purpose the organization's exempt purpose the organization's exempt of the organization of the organization's exempt of the organization's exempt of the organization's exempt purpose the organization of the organization's exempt of the organization's exempt purpose the organization's exempt of the organization of the or	o the Accor in income is replaced (other than EAD START FROM LOW UTRITION R AND LOW E AND MATI LOW INCOME	orted in column (E) on by providing funds for PROVIDES E, INCOME AND/OI-PROVIDES THE INCOME PERSOI ERIALS FOR MEINE PEOPLE.	f Part VII contribut or such purposes). ARLY CHILDHO R DISADVANTA OUSANDS OF I NS EVERY WEE ETINGS RELAT	ted importantly to the an analysis of the anal	TO IES N/A
93g 93g 94 Name,	Explain how each activity for which of the organization's exempt purpose the organization's exempt purpose the organization's exempt purpose to the organization's exempt purpose to the organization's exempt of the organization's exempt of the organization of the org	o the Accor in income is replaces (other than EAD START FROM LOW UTRITION R AND LOW E AND MATI LOW INCOME AND INCOME AND INCOME BOTH AND INCOME	orted in column (E) on by providing funds for PROVIDES E, INCOME AND/OIL PROVIDES THE INCOME PERSOIL PROVIDES THE INCOME PERSOIL PEOPLE.	f Part VII contribut or such purposes). ARLY CHILDHO R DISADVANTA DUSANDS OF I NS EVERY WEE ETINGS RELAT	ted importantly to the a DOD EDUCATION AGED FAMILIES. DOW COST MEALS EKDAY. FED TO ACTIVIT: (D) Total	TO IES N/A (E) End-of-year
93g 93g 94 Name,	Explain how each activity for which of the organization's exempt purpose the organization's exempt purpose the organization's exempt purpose to the organization's exempt purpose to the organization's exempt of the organization	o the Accor in income is replaces (other than EAD START FROM LOW UTRITION R AND LOW E AND MATI LOW INCOME AND	orted in column (E) of by providing funds for PROVIDES E/INCOME AND/OI-PROVIDES THE INCOME PERSOI ERIALS FOR MEINE PEOPLE.	f Part VII contribut or such purposes). ARLY CHILDHO R DISADVANTA DUSANDS OF I NS EVERY WEE ETINGS RELAT	ted importantly to the an analysis of the anal	TO IES N/A (E)
int VIII ine No. ▼ 93g 93g 94	Explain how each activity for which of the organization's exempt purpose the organization's exempt purpose the organization's exempt purpose to the organization's exempt purpose to the organization's exempt of the organization's exempt of the organization of the org	o the Accor in income is replaces (other than EAD START FROM LOW UTRITION R AND LOW E AND MATI LOW INCOME AND INCOME AND INCOME BOTH AND INCOME	orted in column (E) of by providing funds for PROVIDES E/INCOME AND/OI-PROVIDES THE INCOME PERSOIERIALS FOR MEINE PEOPLE.	f Part VII contribut or such purposes). ARLY CHILDHO R DISADVANTA DUSANDS OF I NS EVERY WEE ETINGS RELAT	ted importantly to the a DOD EDUCATION AGED FAMILIES. DOW COST MEALS EKDAY. FED TO ACTIVIT: (D) Total	TO IES N/A (E) End-of-year
int VIII ine No. ▼ 93g 93g 94	Explain how each activity for which of the organization's exempt purpose the organization's exempt purpose the organization's exempt purpose to the organization's exempt purpose to the organization's exempt of the organization's exempt of the organization of the org	o the Accor in income is replaces (other than EAD START FROM LOW UTRITION R AND LOW E AND MATI LOW INCOME AND INCOME AND INCOME BOTH AND INCOME	nplishment of Exorted in column (E) of by providing funds for PROVIDES E/INCOME AND/OI-PROVIDES THE INCOME PERSOIERIALS FOR MEIOTE PEOPLE.	f Part VII contribut or such purposes). ARLY CHILDHO R DISADVANTA DUSANDS OF I NS EVERY WEE ETINGS RELAT	ted importantly to the a DOD EDUCATION AGED FAMILIES. DOW COST MEALS EKDAY. FED TO ACTIVIT: (D) Total	TO IES N/A (E) End-of-year
int VIII ine No. ▼ 93g 93g 94	Explain how each activity for which of the organization's exempt purpose the organization's exempt purpose the organization's exempt purpose the organization's exempt purpose the organization's exempt of the organization of th	o the Accor in income is replaces (other than income is replaces) in income is replaced in income is replaced in income is replaced in income is replaced in income in i	orted in column (E) of by providing funds for hyperoviding funds funds for hyperoviding funds for hyperoviding funds funds for hyperovidi	f Part VII contribut or such purposes). ARLY CHILDHO R DISADVANTA DUSANDS OF I NS EVERY WEE ETINGS RELAT garded Entities activities	ted importantly to the and an analysis of the	N/A (E) End-of-year assets
93g 93g 94 Int IX	Explain how each activity for which of the organization's exempt purpose the organization of the organization	o the Accor in income is replaces (other than income is replaces) in income is replaced in income is replaced in income is replaced in income is replaced in income in i	orted in column (E) of by providing funds for by providing funds for PROVIDES E/INCOME AND/OI-PROVIDES THE INCOME PERSOIERIALS FOR MEIOF PEOPLE. Idiaries and Disregative of Nature of State of	f Part VII contributor such purposes). ARLY CHILDHOR DISADVANTA DUSANDS OF INSERT WESTINGS RELATED A contribution of which preparer is schedules and statement of which preparer is schedules and statement of which preparer is schedules.	ted importantly to the and an approximately to the analysis of the best of my known and any knowledge. See justified the best of my knowledge. See justified the best of my knowledge. See justified the best of my knowledge.	N/A (E) End-of-year assets
93g 93g 94 wrt IX Name, par	Explain how each activity for which of the organization's exempt purpose the organization's exempt purpose the organization's exempt purpose the organization's exempt purpose the organization's exempt of the organization of th	o the Accor in income is replaces (other than income is replaces) in income is replaced in income is replaced in income is replaced in income is replaced in income in i	orted in column (E) of by providing funds for by providing funds for PROVIDES E/INCOME AND/OI-PROVIDES THE INCOME PERSOIERIALS FOR MEIOF PEOPLE. Idiaries and Disregative of Nature of State of	F Part VII contributor such purposes). ARLY CHILDHOR DISADVANTA OUSANDS OF INSEVERY WEETINGS RELATED ACTIVITIES garded Entities activities	ted importantly to the a DOD EDUCATION AGED FAMILIES. OW COST MEALS EKDAY. IED TO ACTIVIT On Total income Ints, and to the best of my knowledge. See instructions Type or Print Name and	N/A (E) End-of-year assets weledge and belief, it is uchois here?
93g 93g 93g 94 art IX Name, pare	Explain how each activity for which of the organization's exempt purpose the organization's exempt purpose the organization's exempt purpose the organization's exempt purpose to the organization's exempt purpose to the organization's exempt purpose the organization's exempt purpose the organization of the	o the Accor in income is reposes (other than START FROM LOW UTRITION R AND LOW E AND MAT LOW INCOM able Subsic (B) Percentage ownership interpager (other than o	orted in column (E) or by providing funds for by providing funds for PROVIDES EXINCOME AND/OI-PROVIDES THE INCOME PERSOI EXIALS FOR MEIME PEOPLE. Diaries and Disrect Conference (Conference Nature of Page 1) with the people of Page 2 (Conference Nature of Page 2) with the people of Page 3 (Conference Nature of Page 3) with the people of Page 3 (Conference Nature o	F Part VII contributor such purposes). ARLY CHILDHO R DISADVANTA DUSANDS OF INSERT WEE ETINGS RELAT garded Entities activities I schedules and stateme ation of which preparer in the statement of the	ted importantly to the a DOD EDUCATION AGED FAMILIES. OW COST MEALS EKDAY. IED TO ACTIVIT Total income Type or Print Name and Check if Prepare	N/A (E) End-of-year assets wledge and belief, it is uctions in the control of
93g 93g 94 writiX Name, par	Explain how each activity for which of the organization's exempt purpose the organization of the	able Subsice (START) Percentage ownership interests (START) AND LOW INCOME AND MATION BAND MATION COME AND MATION COME	orted in column (E) or by providing funds for hyp providing funds for PROVIDES EXINCOME AND/OI-PROVIDES THUS INCOME PERSOI EXIALS FOR MEIME PEOPLE. Idiaries and Disregative of Nature of Nature of State of Stat	F Part VII contributor such purposes). ARLY CHILDHOR DISADVANTA DUSANDS OF INSEVERY WESTINGS RELATED TO THE PROPERTY OF THE P	ted importantly to the a DOD EDUCATION AGED FAMILIES. DOW COST MEALS EKDAY. FED TO ACTIVIT: (D) Total income Ints. and to the best of my knowledge. See ipstr Type or Print Name and Sheck if elf- imployed X 549 -	N/A (E) End-of-year assets wledge and belief, it is uchos in the present of the second of the sec
93g 93g 94 Int IX Name, par	Explain how each activity for which of the organization's exempt purpose the organization of the	able Subsice ownership into	orted in column (E) or by providing funds for hyp providing funds for PROVIDES EXINCOME AND/OI-PROVIDES THUS INCOME PERSOI EXIALS FOR MEIME PEOPLE. Idiaries and Disregative of Nature of Nature of State of Stat	F Part VII contributor such purposes). ARLY CHILDHOR DISADVANTA DUSANDS OF INSERT WESTINGS RELATED A contribution of which preparer is a schedules and statement of which preparer is a schedules and schedules and schedules and schedules and schedules are schedules and schedules and schedules and schedules are schedules and schedules and schedules and schedules are schedules and schedules are schedules and schedules and schedules are schedules and schedules are schedules and schedules are schedules and schedules are schedules and schedul	ted importantly to the a DOD EDUCATION AGED FAMILIES. DOW COST MEALS EKDAY. FED TO ACTIVIT: (D) Total income Ints. and to the best of my knowledge. See ipstr Type or Print Name and Sheck if elf- imployed X 549 -	N/A (E) End-of-year assets weldge and belief, it is unchoses Title r's SSN or PTIN 86-7552

Schedule A (Form 990)

Organization Exempt Under Section 501(c)(3)

1999

IRS use only - Do not write or staple in this space.

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust Supplementary Information — (See separate instructions.)

OMB No. 1545-0047

Must be completed by the above organizations at Name of the Organization WOMENS CIVIC IMPROVEMENT CLUB, IN	IC.		Employer Identification 94-1179480	
Compensation of the Five High (See instructions. List each one. If there	nest Paid Employees Other	er Than Officers,	Directors, and	Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and othe allowances
<u>NONE</u>				
			<u> </u>	
Total number of other employees paid over \$50,000	Non-		fessional Servi	res
(See instructions. List each one (whethe	r individuals or firms). If there a	re none, enter 'None.)	
	actor paid more than \$50,000	(b) Type (or service	(c) Compensation
NONE		-		
		_		
	. 	_		
otal number of others receiving over 50,000 for professional services	None			

		es the organization make grants for scholarships, fellowships, student loans, etc?		X
4 a	Do :	you have a section 403(b) annuity plan for your employees?	4a	X
b	Atta or le	ach a statement to explain how the organization determines that individuals or organizations receiving grants oans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)		
	alv.	Reason for Non-Private Foundation Status (See instructions.)		
he o	orgar	nization is not a private foundation because it is (please check only One applicable box):		
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).		
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)		
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).		
8		A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).		
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's r	name, city	y ,
		and state >		
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 13 (Also complete the Support Schedule in Part IV-A.)	70(b)(1)(A	A)(iv).
11 a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general pu Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	blic.	
11 b	ш	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)		
12		An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	gross rec its suppo by the	eipts rt
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organ described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) section 509(a)(3).)	izations . (See	
		Provide the following information about the supported organizations. (See instructions.)		
		(a) Name(s) of supported organization(s)	(b) Line r from al	
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)		

TEEA0402 12/20/99

Schedule A (Form 990) 1999

BAA

Parti IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

ZIVIC IMPROVEMENT CLUB, INC.

	Note. Tou may use the	Worksneet in the mist	actions for converting	Trom the accidanto the	ie casii memod oi ac	counting.
begi	ndar year (or fiscal year nning in) ▶		(b) 1997	(c) 1996	(d) 1995	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	19,138.	24,085.	71,206.	955,845.	1,070,274.
16	Membership fees received		2,397.	1,825.	775.	15,847.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc, purpose	526,584.	489,359.	443,637.		1,459,580.
18	Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	26.	32.	88.		146.
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		18,976.	7,881.	30,381.	68,959.
23	Total of lines 15 through 22	568,319.	534,849.	524,637.	987,001.	2,614,806.
24	Line 23 minus line 17	41,735.	45,490.	81,000.	987,001.	1,155,226.
25	Enter 1% of line 23	5,683.	5,348.	5,246.	9,870.	
26	Organizations described on lines			lumn (e), line 24		23,105.
	Attach a list (which is not open to person (other than a governmenta 1998 exceeded the amount shown	public inspection) sho	owing the name of an	d amount contributed l	hy each	0.
С	Total support for Section 509(a)(1					1,155,226.
	Add: Amounts from column (e) fo		146.	19		
	•	22	68,959.	26 b	0▶ 26d	69,105.
е	Public support (line 26c minus line	e 26d total)				
	Public support percentage (line 2					94.02 %
	Organizations described on line				1	31.02 10
	For amounts included in lines 15, amounts received in each year from	16, and 17 that were om, each 'disqualified	person.' Enter the sur	n of such amounts for	each year:	,
	(1998)	(1997)	_ (1996)		_ ⁽¹⁹⁹⁵⁾ _ 	
ь	For any amount included in line 1 received for each year, that was norganizations described in lines 5 and the larger amount described in	nore than the larger o through 11, as well a n (1) or (2), enter the	f (1) the amount on lit s individuals.) After co sum of these difference	ne 25 for the year or (2 computing the differenc ces (the excess amour	2) \$5,000. (Include in e between the amour nts) for each year:	the list nt received
	(1998)	(1997)	(1996)		_ (1995) _	
С	Add: Amounts from column (e) for	r lines: 15		16		
	17	20		21	► 27c	
d	Add: Amounts from column (e) for 17 Add: Line 27a total	an	d line 27b total		► 27d	
e	Public support (line 27c total minu	ıs line 27d total)			► 27e	
f	Total support for section 509(a)(2)) test: Enter amount o	n line 23, column (e)	► 27f		
g	Public support percentage (line 2	7e (numerator) divide	ed by line 27f (denomi	inator))	▶ 27 g	%
h	Investment income percentage (I	ine 18, column (e) (nu	merator) divided by I	ine 27f (denominator))	
00	Harranal County Factor and accoming		0 11 10 !! -!			

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)

Private School Questionnaire (See instructions.)

To be completed Only by schools that checked the box

	(10 be completed only by schools that checked the box on line only artiv)	N/ <i>P</i>	١	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	. 29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
		-		
	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	. 32 a	1	
t	a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	. 32 t	,	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
(d Copies of all material used by the organization or on its behalf to solicit contributions?	. 320		Picary.
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	a Students' rights or privileges?	. 33 a		
t	Admissions policies?	. 33t		
C	Employment of faculty or administrative staff?	. 33 c		
d	Scholarships or other financial assistance?	. 330		
e	Educational policies?	. 33е		
	Use of facilities?			
g	g Athletic programs?	. 33 ç		
ŀ	n Other extracurricular activities?	. 33 h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	a Does the organization receive any financial aid or assistance from a governmental agency?	. 34a		
t	Has the organization's right to such aid ever been revoked or suspended?	. 34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.			1005
BAA	TEEA0404 12/20/99 Schedule	A (For	m 990)	1999

	Lobbying Ex (To be complete				tions.)		5	. 17 5-	N/A
Chec	ck here ► a if the	organization belongs to	an affiliated group.						N/ /\
		imits on Lobbying				(a Affiliate	a)	_	(b) To be completed
	(The term	'expenditures' means a	mounts paid or incurre	d.)		tot	als	۱ ۲	for all electing organizations
36	Total lobbying expenditu	res to influence public o	pinion (grassroots lobb	ying)	36				
37	Total lobbying expenditu	_	• •		37				
38	Total lobbying expenditu	•			38	· · · · · · · · · · · · · · · · · · ·			
39	Other exempt purpose e				39				
40	Total exempt purpose ex				40				
41	Lobbying nontaxable am		obbying nontaxable ar						
	Not over \$500,000					ara Alba			
	Over \$500,000 but not over \$1,								
	Over \$1,000,000 but not over \$				41				
	Over \$1,500,000 but not over \$	17,000,000 \$225,0	00 plus 5% of the excess ov	er \$1,500,000					
	Over \$17,000,000					100			
42	Grassroots nontaxable a	•	•		42				
43	Subtract line 42 from line Subtract line 41 from line				43				
44	Caution: If there is an a				444	(de			
	Cauton. Il there is an a		Averaging Period		. 501/	h)			
	(Some organ	nizations that made a se	ction 501(h) election de e the instructions for lin	not have to con	nplete a	ill of the fiv	e colu	mns b	elow.
			Lobbying Expend	ditures During 4	Year A	veraging F	eriod		
	Calendar year (or fiscal year beginning in) ►	(a) 1999	(b) 1998	(c) 1997			d) 996		(e) Total
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of line 45(e))								
47	Total lobbying expenditures					· · · · · · · · · · · · · · · · · · ·			
48	Grassroots non- taxable amount		and the second s						
49 ——	Grassroots ceiling amount (150% of line 48(e))				anama di				
50	Grassroots lobbying expenditures								
	Lobbying Ac (For reporting o								
Durii atter	ng the year, did the organ mpt to influence public op	ization attempt to influer inion on a legislative ma	nce national, state or lo litter or referendum, thro	ocal legislation, ir ough the use of:	ncłuding	any	Yes	No	Amount
	a Volunteers							Χ	
1	b Paid staff or manageme	nt (include compensatio	n in expenses reported	on lines c throug	gh h.)			Χ	
	c Media advertisements .							Х	
	d Mailings to members, le							X	
	e Publications, or published							X	
	f Grants to other organizage g Direct contact with legis							$\frac{\wedge}{X}$	
	g Direct contact with legis h Rallies, demonstrations	· -						$\frac{\hat{x}}{x}$	
	i Total lobbying expenditu			-					
	If 'Yes' to any of the abo	ove, also attach a statem	nent giving a detailed d	escription of the	lobbyin	g activities			

TEEA0405 12/20/99

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did th	ne reporting organization of	firectly or inc	directly engage in any of the following rganizations) or in section 527, relatir	g with any other organization described in	n section	501(c)
	•		a noncharitable exempt organization		1	Yes	No
(i) Cash							X
					51 a (i) a (ii)		X
• • •	transactions:						
(i)S	ales or exchanges of asse	ets with a no	ncharitable exempt organization		b (i)	l	X
• • •					b (ii)		X
(iii)R	ental of facilities, equipme	ent, or other	assets		b (iii)		X
(iv)R	leimbursement arrangeme	nts			b (iv)	i	X
(v)L	oans or loan guarantees				b (v)		\overline{x}
(vi)P	erformance of services or	membership	p or fundraising solicitations		b (vi)		Χ
c Shari	ng of facilities, equipment	, mailing list	ts, other assets, or paid employees .		С		Χ
d If the	answer to any of the above	ve is 'Yes,' c	complete the following schedule. Colu	mn (b) should always show the fair mark	ket value	of	
the go	ransaction or sharing arra	ngement, sh	now in column (d) the value of the goo	mn (b) should always show the fair mark ganization received less than fair marke ds, other assets, or services received:	et value in	i 	
(a) Line no.	(b) Amount involved		(c) noncharitable exempt organization	(d) Description of transfers, transactions, and s			s
	, , , , , , , , , , , , , , , , , , , ,						
		<u> </u>					
	<u> </u>	ļ					
	e organization directly or in libed in section 501(c) of t s,' complete the following		liated with, or related to, one or more her than section 501(c)(3)) or in secti	tax-exempt organizations on 527?	► ☐ Ye	s X	No
	(a) Name of organization		(b) Type of organization	(c) Description of relation			
	Name of organization		Type of organization	Description of relation	ship 		
	<u></u>						
· · · · · · · · · · · · · · · · · · ·							
					·		
						···	
·							
				~	=		

Depreciation and Amortizat

(Including Information on Listed Property)

► See instructions. ► Attach this form to your return.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

Name(s) Shown on Return

Business or Activity to Which This Form Relates

Identifying Number

WOMENS CIVIC IMPROVEMENT CLUB, INC.

Form 99<u>0, page 2</u>

94-1179480

Election to E						
 Alaka If was ba	ua" amu lliata	d propert	, ' complete	Dark Whata	ra vau camplat	- E

1	Maximum dollar limitation. If an enterprise zone business, see instructions	1	\$19,000.
2	Total cost of Section 179 property placed in service. See instructions	2	
3	Threshold cost of Section 179 property before reduction in limitation	3	\$200,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing	E	

separately, see instructions. (b) Cost (business use only) 6 (C) Elected cost (a) Description of property

7	Listed property. Enter amount from line 27		
8	Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1998. See instructions	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2000. Add lines 9 and 10, less line 12 ▶ 13		

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

MACRS Depreciation for Assets Placed in Service Only During Your 1999 Tax Year (Do Not Include Listed Property)

Section A - General Asset Account Election

If you are making the election under Section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions

	Section B -	 General Depreciation 	System (GDS) (S	See instructions	s)	
(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
5a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental			27.5 yrs	MM	S/L	
property			27.5 yrs	MM	S/L	
i Nonresidential real			39 yrs	MM	S/L	
property				MM	S/L	
	Section C -	Alternative Depreciation	on System (ADS)	(See instruction	ns)	
16a Class life					S/L	
b 12-vear			12 yrs		S/L	

MM c 40-year

Parallists Other Depreciation (Do Not Include Listed Property) (See instructions) 17 GDS and ADS deductions for assets placed in service in tax years beginning before 1999 10,912 17 18

18 Property subject to Section 168(f)(1) election 19

Summary (See instructions)

the portion of the basis attributable to Section 263A costs

20 Listed property. Enter amount from line 26 **Total.** Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions

10,912. For assets shown above and placed in service during the current year, enter

BAA For Paperwork Reduction Act Notice, see instructions.

FDIZ0812 10/21/99

Form 4562 (1999)

Listed Property — Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b,

	columns (a) through (c	;) of Section A	, all of S	ection B,	and Se	ection C	if appi	licable.						
	Section A — Depreci													
_23 a	Do you have evidence to support the bus	siness/investmen	t use claim	ed?		Yes	N	o 23b If "	Yes,' is the	e evidence	written? .		Yes	No
Ту	(a) (b) pe of property (list vehicles first) Date placed in service	(C) Business/ investment use percentage	(d) Cost other b	or	(busine	(e) or deprecia ss/investm se only)	ation nent	(f) Recovery period	Me	(g) ethod/ vention	Depre	h) eciation uction	Ele Secti	i) cted on 179 ost
24	Property used more than 50% i	n a qualified b	usiness	use (see	instruct	tions):								
25	Property used 50% or less in a	qualified busir	ness use	(see inst	ructions	s):							A Secondary	Kunila mahbusa)
													_	
											•		_	
	411			- line 00		<u> </u>				26			_	
	Add amounts in column (h). Ent											27	internal of the con-	indica dia ran a
27	Add amounts in column (i). Enter			B - Info								2/		
Como	lete this section for vehicles used by a sol													
	provided vehicles to your employees, first								this secti	on for thos	se vehicles.			
,	p. c	•	1	a)		b)	· ·	(c)		d)	(6	1	(f	<u> </u>
	Total forcing discontinuous miles define	ممدد مطلا مستسال	'	icle 1	•	cle 2		hicle 3		cle 4	Vehi	*	Vehic	
28	Total business/investment miles driven (Do not include commuting miles — se	e instructions)												
29	Total commuting miles driven during th	e year												
30	Total other personal (noncomm											·		
31	Total miles driven during the ye lines 28 through 30	ear. Add												
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
32	Was the vehicle available for peduring off-duty hours?													
33	Was the vehicle used primarily than 5% owner or related personant													
34	Is another vehicle available for personal use?													
	Section (C — Question:	s for Em	ployers V	Vho Pro	vide Ve	hicles	for Use b	y Their	Employ	ees			
Ansı 5% d	wer these questions to determine owners or related persons.	if you meet a	n except	tion to co	mpletin	g Sectio	n B fo	r vehicles	used by	/ employ	ees who	are no	t more ti	nan
35	Do you maintain a written policy by your employees?					use of ve	ehicles	, includin	g comm	uting,			Yes	No
36	Do you maintain a written policy employees? See instructions fo	y statement th r vehicles use	at prohib	oits personorate off	nal use icers, d	of vehic	cles, e: , or 1%	xcept com 6 or more	nmuting, owners	by your				
37	Do you treat all use of vehicles	by employees	as pers	onal use?	·									
38	Do you provide more than five vehicles, and retain the information													
39	Do you meet the requirements on Note: If your answer to 35, 36,	concerning qu <i>37, 38, or 39</i>	alified au is 'Yes,' <u>:</u>	itomobile you need	demon	stration mplete S	use? \$ Section	See instru B for the	ctions . covere	d vehicle			bii anniinsiins	
	Amortization													
	(a) Description of costs		Date a	(b) mortization egins		(c) Amortizab amount		c	d) ode ction	Amo	(e) ertization riod or centage	A f	(f) mortization or this yea	i '
40	Amortization of costs that begin	ns during your	1999 tax	x year:										
			<u> </u>	-						+				
41	Amortization of costs that bega	an before 1990	<u>'</u>								. 41			
42	Total. Enter here and on 'Othe													
					Z0812 1							Fo	rm 456 2	(1999)

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
BINGO	66,908.		66,908.	57,533.	9,375.
CRAB FEED	6,168.		6,168.	2,881.	3,287.
Total =	73,076.		73,076.	60,414.	12,662.

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
OTHER CHILD SERVICES OTHER PARENT SERVICES OTHER FUNDRAISING	852. 6,742. 46,517. 23,849.	852. 6,742. 5,732. 0.	0. 0. 40,785. 0.	0. 0. 0. 23,849.
Total	77,960.	13,326.	40,785.	23,849.

Form 990, Page 3, Part IV, Lines 57a & 57b Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
LAND BUILDINGS & IMPROVEMENTS FURNITURE, FIXTURES & EQUIPMENT	156,731. 782,712. 216,232.	0. 0. 0.	156,731. 782,712. 216,232.
ACCUMULATED DEPRECIATION	0.	31,595.	-31,595.
Tota!	1 155 675	31 595	1 124 080

Form 990, Page 4, Part V List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
DAVID COVIN 3555 3RD AVE, SAC, CA MARION HOLMES 3555 3RD AVE, SAC, CA	DIRECTOR 1 DIRECTOR 1	0.	0.	0.

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Form 990, Page 4, Part V List of Officers, Etc. Statement Continued

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
WALTER MAE MIKKES 3555 3RD AVE, SAC, CA	DIRECTOR 1	0.	0.	0.
Total		0.	0.	0.

Supporting Statement of:

Form 990 p 3/Line 64b, column (A)

Description	Amount
FLEET FINANCE UNION BANK	171,726. 86,527.
Total	258,253.

Supporting Statement of:

Form 990 p 3/Line 64b, column (B)

Description	Amount
WESTMOR PARTNERS THE CADLE COMPANY TRACE CONSTRUCTION H.E. MOORE	221,000. 49,000. 25,000. 5,000.
Total	300,000.

Supporting Statement of:

Form 990 p 4/Part IV-A, Line b(4)

Description	Amount
RENTAL EXPENSES FUNDRAISING EXPENSES	5,985. 0.
Total	5,985.

Supporting Statement of:

Form 990 p 4/Part IV-B, Line b(4)

Description	Amount
RENTAL EXPENSES	5,985.
FUNDRAISING EXPENSES	0.
Total	5,985.

Supporting Statement of:

Sch. A, 990 p 3/Line 22-a

Description	Amount
NET RENTAL REVENUE	11,721.
Total	11,721.

Supporting Statement of:

Sch. A, 990 p 3/Line 22-b

Description	Amount
NET RENTAL INCOME	18,976.
Total	18,976.

Supporting Statement of:

Sch. A, 990 p 3/Line 22-c

Description	Amount
NET RENTAL INCOME	7,881.
Total	7,881.